

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

3731 Jyw

Appl. No.

09/664,970

Confirmation No.: 4613

Applicant

Rourke, et al.

Filing Date

September 18, 2000

Title

APPARATUS FOR DELIVERING ENDOLUMINAL

PROSTHESES AND METHODS OF MAKING AND USING

THEM

Group Art Unit:

3731

Examiner

Ho, Uyen T.

Docket No.

702563.46

Customer No. :

34313

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Sir:

In response to the Office Action dated December 2, 2004, please amend the above-identified application as follows:

V4),	/25/2005	FF IELDS	00000006	150655	67. 7 600
ì	.C:1251		E0.00 p.:		03664970

CERTIFICATE OF MAILING 37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P:O. Box 1450, Alexandria, VA 22313-1450

Dated:

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Signature of Person Mailing Documen

DDCSG01360301.1

Applicant Appl. No. Examiner Docket No. Rourke, et al. 09/664,970 Ho, Uyen T. 702563.46

Conclusion

Prompt and favorable action on the merits of the claims is earnestly solicited. Should the Examiner have any questions or comments, the undersigned can be reached at (949) 567-6700.

The Commissioner is authorized to charge any fee which may be required in connection with this Amendment to deposit account No. 15-0665.

Respectfully submitted,

ORRICK, HERRINGTON & SUTCLIFFE LLP

Dated: March 2, 2005

Charles C. Fowler Reg. No. 39,675

Orrick, Herrington & Sutcliffe LLP 4 Park Plaza, Suite 1600 Irvine, CA 92614-2558 Tel. 949-567-6700

Fax: 949-567-6710

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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 9/66 4 9 7 0												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SM		ENTITY	OR	OTHER SMALL E		
FOR NUMBER FILED NUMBER EXTRA						RA		FEE		RATE	FEE	
BASIC FEE								345.00	OR		690.00	
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IND	EPENDENT CL	AIMS -	3 minus 3	= :		хз	X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=		
• f	the difference i	n column 1 is l	ess than zer	o, enter "0" in c	olumn 2	TOTAL			OR	TOTAL:	978	
7	Cl	AIMS AS A (Column 1)	MENDED		(Column 3)	SM	ALL	ENTITY	OR	OTHER SMALL		
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١.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR			
	If the "Highest Nu	mber Previously P	aid For IN THI	S SPACE is less th	an 20, enter "2 0	ADDI	T. FEE		OR	ADDIT. FEE		
***If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 9/66 4970									:			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							LL I	ENTITY	OR	OTHER SMALL		
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TOTAL CLAIMS 36 minus 20= 1/6						X\$	9=		OR	X\$18=	288	
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MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT		•	+13	+130=		OR	+260=		
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""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												